

Minutes from the Dental Implementation Advisory Group (DIAG)

1:30-3:30
December 9, 2004
Final Minutes

<u>Members Present:</u>	<u>Members Absent:</u>
Sylvia Walton and Karen Curry For Dr. Hamer	Neil Graham – VA Primary Care Association
Michelle Britton For Dr. Randy Adams	Dr. Neil Morrison
Dr. Kris Enright (by telephone)	
Candice McAuliffe	
India Thomas	
Gloria Reynolds	
Jill Hanken	
Jeff Lake	
Judith Cash	
Amy Edwards	
Dr. Karen Day	
Tom Wilson	
Julia Kindred	
JoAnn Pearson Knox	
Robin Haldiman	
Trudy Smith	
Karen Packer	
Tina Bailey	
Dr. Terry Dickinson	
Tom Adams	

DMAS staff present:

Pat Finnerty
Cheryl Roberts
Bryan Tomlinson
Tom Edicola

Tammy Driscoll
Maryanne Paccione
Adrienne Fegans
Mary Mitchell

Guest: Chris Whyte – Vectre Corporation

Introduction

Patrick Finnerty, Director, opened the meeting by welcoming DIAG members. Introductions of all members were made. Mr. Finnerty provided an overview of the Dental Advisory Committee (DAC) and acknowledged the importance of the role of the DIAG. Mr. Finnerty also recognized Dr. Terry Dickinson of the Virginia Dental Association (VDA) and the collaborative relationship between DMAS and the VDA.

Virginia Smiles Presentation

Mr. Finnerty presented an overview of the *Virginia Smiles* program that will consolidate pediatric dental services for Medicaid and FAMIS under the administration of a single dental vendor. (A copy of the presentation was included in the meeting packet.) The presentation provided background information on the current DMAS dental delivery model, where DMAS administers dental benefits for the fee-for-service enrolled children, and the DMAS contracted managed care organizations (MCOs) administer dental benefits for MCO enrolled members. Mr. Finnerty reviewed the covered dental benefits acknowledging that the focus of the *Virginia Smiles* initiative is on pediatric dental services. In addition, in his presentation Mr. Finnerty highlighted that only 17% of all licensed dentists are enrolled DMAS dental providers, and less than 29% of eligible children receive any dental services.

Mr. Finnerty's presentation also highlighted the collaborative discussions between DMAS, the VDA, and the DAC leading up to the decision to recruit a single dental benefits administrator (DBA) to handle the administrative aspects of DMAS dental program, and that DMAS will maintain close oversight of DBA activities.

Status of Virginia Smiles

Cheryl Roberts, Deputy Director of Programs and Operations, provided an overview of the dynamics and importance of the DAC, the Dental Action Review Team (DART), the internal DMAS work team, and the DIAG. Mrs. Roberts highlighted the many contributions and strong support that has been put forth by Dr. Dickinson and the VDA, the DAC, and the DMAS internal team. Mrs. Roberts then identified the role of the DIAG, which is to provide assistance to the *Virginia Smiles* initiative as related to provider recruitment, communication, and implementation activities.

Request For Proposals (RFP)

Tammy Driscoll, DMAS Dental Program Manager, explained the evolution and status of the Dental Request for Proposals (RFP). Mrs. Driscoll reported that the draft RFP included feedback from the DAC, the Attorney General's office, and other interested parties to ensure that it captured the key program requirements from the perspective of the dental providers and community agencies. Mrs. Driscoll also reported on the RFP timeline as follows. The RFP was published on December 10, 2004. Proposals are due by February 21, 2005. DMAS hopes to award the *Virginia Smiles* Contract in early April 2005. The *Virginia Smiles* implementation date is July 1, 2005.

Mrs. Roberts added that as part of the ground-work performed in relation to the RFP requirements, DMAS spoke with several potential dental vendors to discuss their product concept and also prior to the release of the final RFP to assure that the RFP is viable in the eyes of the bidder.

Other Related Efforts

Ms. Jill Hanken with the Virginia Poverty Law Center provided an overview of VIADC (Virginias for Improved Access to Dental Care), including that their top legislative issue is to

lobby for a dental reimbursement increase. Ms. Hanken shared that the Governor's budget is due next week, and indicated that in the event that the Governor's increase was not sufficient, that the VIADC would lobby House Appropriations and Senate Finance for an additional increase. Ms. Hanken requested that DIAG members write to their legislators, attend hearings and report on their experience with dental access issues, and/or send stories of access issues to her.

Provider and Consumer Education

Mrs. Roberts advised the group that we need 1,200 participating dental providers by the *Virginia Smiles* "go-live" date. It was reported that we have approximately 700 dental providers enrolled as Medicaid/FAMIS providers at this time, but that there are even fewer actively participating providers.

For most of the remainder of the meeting, Mrs. Roberts facilitated a brainstorming work session for ideas from the DIAG regarding what activities need to happen for provider recruitment. The following ideas were shared toward this purpose:

1. Provide graphics (i.e., bar graph for 8 regional districts by component (participation and utilization) and set goals (show dentists enrolled and dentists needed).
2. Streamline the provider enrollment process as much as possible, including for:
 - a. Credentialing
 - b. Have a contact person for questions from dentists
 - c. DMAS contracted MCOs to send letters to dentists requesting that they continue to participate in the *Virginia Smiles* program.
 - d. Find out if dentists that are enrolled with DMAS and the MCOs can be grandfathered into the DBA's provider network – i.e., bypass credentialing, etc.
3. Recruit for dental specialists. It was shared that some general dentists do not want to participate because of the difficulty encountered when they need to refer their patients to a specialist provider.
4. Find a way to "touch" non-VDA affiliated dental providers (believed to be approximately 26%).
5. Quick flyer that provides the info at a glance (flashy color, simple, easy to read, etc. Dentists do not like lengthy reading material.
6. Need to find out who dental providers listen to and tap into that source, for example to encourage their dental participation. Example, legislators, employers without insurance that have employees with Medicaid. Work with the purchasing community, especially in areas where dentists are not taking Medicaid.
7. Request that legislators communicate with the dentists.
8. Include the Old Dominion Dental Society in recruitment activities.

9. Need 2 recruitment strategies – 1) Dentists who have never participated and 2) Dentists with closed or limited panels.
10. Need to describe the Medicaid and FAMIS populations, and include that the population to be served includes the “working poor” and some “middle-income” families. Utilize a “did you know” education process.
11. Have successful Medicaid participating providers speak with their non-participating colleagues.
12. Send a letter to current provider base thanking them and asking them to help us by talking to 2-3 of their colleagues and “spread the word.”
13. Conduct recruitment activities that target dental students, including through public health lecture or other venue like career day, women in dentistry day. Provide information on Medicaid programs.
14. Inform providers that CHIP and other community agencies can assist with compliance and education, and language competency issues.
15. Assure that providers know the benefits of the new program for example through a brochure that highlights:
 - a. 1 number to call
 - b. Dedicated dental call center
 - c. All enrollees under 1 dental umbrella
 - d. Providers outside of Virginia can participate.
 - e. DBA can help with missed appointments.
16. Need to assure that recruitment includes out-of-state providers especially in localities that border the State.
17. Explore ways to “sweeten” the pie for reimbursement such as paying for missed appointments, or extra payment to acknowledge high volume providers.

Mrs. Roberts requested that the team provide additional ideas by Monday December 13th. In addition, members should respond regarding their preferred method to receive information.

As the members left the meeting, they provided to Ms. Driscoll the name of the sub-team on which they would like to participate. (Recruitment, Communication, Implementation and Utilization). We had 4 volunteers for the recruitment team, 7 for communications, and 9 for implementation/utilization.

Next Meeting

It was suggested that for individuals traveling from out-of-town to attend the meetings, that we set the time of future meetings in the late morning or early afternoon. The next meeting will be held on January 5, 2005 from 11:30-1:30.